

*PILED* *RICHARD W. NAGEL*  
RICHARD W. NAGEL  
CLERK OF COURT

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF OHIO  
DIVISION

11 OCT -2 PM 3:22  
U.S. DISTRICT COURT  
SOUTHERN DIST. OHIO  
EAST DIV. COLUMBUS

Plaintiff

*M. D. H.*

vs.

COMMISSIONER OF  
SOCIAL SECURITY,  
Defendant

CASE NO.

*2:17 CV 865*

Judge Watson

MAGISTRATE JUDGE VASCURA

COMPLAINT

The above named plaintiff makes the following representations to this court for the purpose of obtaining judicial review of a decision of the defendant adverse to the plaintiff.

1. The plaintiff is a resident of Athens, Ohio.  
(City) (State)

Plaintiff's last four digits of their Social Security Account No. are 2105

2. The plaintiff complains of a decision which adversely affects the plaintiff in whole or in part. The decision has become the final decision of the Secretary for purposes of judicial review and bears the following caption:

IN THE CASE OF

M. D. H.

(Claimant)

(If Minor Child-only use initials)

CLAIM FOR

S. S. I.

(Wage Earner)

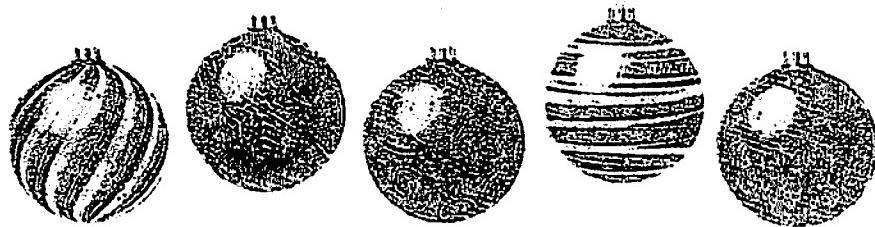
(Last Four Digits of Social Security No.)

3. The plaintiff has exhausted administrative remedies in this matter and this court has jurisdiction for judicial review pursuant to 42 U.S.C. § 405 (g).

Wherefore, plaintiff seeks judicial review by this court and the entry of judgment for such relief as may be proper, including costs.

Date 9-29-17

*M. D. H.*  
Plaintiff 9611 State Route 356  
Street Address New Marshfield Oh. 0  
City 1-740-664-1028 State Zip 45766  
Telephone Number



here is some more  
papers ON [REDACTED] M.D.H.  
[REDACTED] Case. If you  
have questions please feel  
free to call  
740 - 664 - 1038  
Thank - you  
Kimberly Hollans

Summary View for [REDACTED]

M.D. H

Page 1 of 4

Patient: [REDACTED] M.D.H.  
 Account Number: 306301  
 DOB: 11/23/2000 Age: 16 Y Sex: Male  
 Phone: 740-664-1028  
 Address: 9611 State Route 356, New Marshfield, OH-45766  
 Pcp: Health Centers Hopewell

Provider: Diana E Beko-Stretton, LPCC-S, NCC  
 Date: 08/02/2017

**Subjective:****Chief Complaints:****Medical History:** Chronic constipation, Tremors.**Allergies:** Sulfa: hives.**Objective:****Assessment:****Assessment:**

1. Moderate episode of recurrent major depressive disorder - F33.1
2. Active autistic disorder - FB4.0
3. Anxiety state, unspecified - F41.1

**Plan:****Care Plan Details****Plan - ISP**

ISP Type	ISP review
Does the client have a co-occurring disability or disorder?	Yes
What is/are the co-occurring disability(s) or disorder(s)?	Other
Specify other co-occurring disorders	Specific Learning disability
Be sure to describe how the ISP addresses issue(s) in an integrated manner. If treatment/referral is outside agency; who and what.	Counselor will assist with any material that needs read.
Desired results in client's words:	not feel sad and use coping skills
Strengths	Family supportive
Abilities	Creative
Preferences	Counseling; Pharmacologic Management Services
How will the above Strengths, Abilities and Preferences be used to meet treatment goals?	Client guardian will bring him to counseling sessions.
Skills/Knowledge needed:	Increased insight and judgment
Natural/Community supports needed:	Guardians
Parent/Guardian/Community/Other will:	Not clinically indicated
Therapeutic Intervention(s) used service description and Responsible: Type of Provider	Counseling Individual and Group by Therapist; CPST Individual and Group by QMHS, Trained Other or Therapist; Pharmacologic Management by MD, DO, APRN; Nurse Pharmacologic

Summary View for [REDACTED]

M.D.H.

	<b>Management by RN, LPN</b>	
Therapeutic Intervention for Individual and Group Counseling	Behavior therapy, Person centered therapy, CBT, Reality Therapy	
Frequency of Individual and Group Counseling	1-4 x per month	
Therapeutic Intervention for Individual and Group CPST	Assessment of needs, Monitoring, Eliminating Barriers, Coordinating/Linkages, Crisis Management, Advocacy, Education/Training, Empowerment/Skills Building	
Frequency of Individual and Group CPST	PRN	
Therapeutic Intervention of Pharmacologic Management; Frequency PRN	Assess, prescribe and monitor psychotropic medication and psychiatric symptoms	
Therapeutic Intervention of Nurse Pharmacologic Management: Frequency PRN	Assist psychiatric providers as directed in monitoring psychotropic medication and psychiatric symptoms and treatment, med. Education	
Therapeutic Intervention for Respite; Frequency PRN	Provide a safe, supervised residential environment during crisis; assess needs; provide with support, assist with problem solving, planning and crisis resolution	
Goal #1	Yes	
Goal #1 in collaboration with client	Thinking	
Linked treatment recommendation from: (for initial plan only)	DAS update	
Date of DAS update	08/02/2017	
Start date	08/02/2017	
Target Completion date	08/02/2018	
Objective #1	Increase stop-and-think behaviors to improve good choices and reduce negative behaviors daily to less than once a week per parental and client reports for a three month period.	
Start date	08/02/2017	
Duration	1 year	
Client will:	Improve coping skills to reduce negative behaviors to once a week or less per parental and client reports for three months	
AcD only youth level of care	Not applicable	
Other agencies involved	School	
School - Name, Contact and Title, Services Provided	Alexander school, various contacts, academic interventions	
	Client meets the criteria of	

Summary View for [REDACTED]

Page 4 of 4

m.D.H.

Treatment recommendations/assessed needs:	counseling;Individual counseling;Pharmacologic Management	
Further evaluations needed:	None Indicated	
Level of care/Indicated services recommendation (youth AoD only)	None	
Client/guardian/family responses to recommendations:	In agreement	
Change in ISP required?	Yes (complete the ISP to record needed changes)	

Provider: Diana E Beko-Stretton, LPCC-S, NCC

Patient: [REDACTED] Date: 08/02/2017

m.D.H.

Electronically signed by Diana Beko-Stretton , LPCC-S NCC on 08/02/2017 at 02:06 PM EDT

Sign off status: Pending

MHD, H.

I am crazy and evil.  
I wonder about the mind.  
I hear screams.  
I see dead people at night.  
I want a ghost! Cain;

I am crazy and evil.  
I pretend to run people over.  
I feel burned skin on the wall.  
I touch heads.  
I worry about cops.  
I cry when people are happy.

I am crazy and evil.  
I understand that I am crazy.  
I say dive a can in a tree.  
I dream death.  
I try to run people over.  
I hope for darkness.  
I am crazy and evil.

